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THE NEXT GENERATION

Within this issue of the JOURNAL will be found a letter by a priest, and a short article on the principle of purpose. We make no apologies for bringing the attention of our readers to bear upon the subject of religion so repeatedly. The importance of understanding the principles of religion have been stressed in these columns previously. They must be understood not only from the personal philosophical point of view, but with the idea of helping others, by being being able to sympathise with their beliefs, and being able to offer suggestions whereby they can reconstruct their lives on a more spiritual basis, the doctor being consulted on these matters very frequently. We would emphasise again that true understanding can only come through a personal relationship with God.

Turning to another problem which can perhaps be approached better following this preliminary emphasis on the personal relationship, it seems to us that not enough is said about religious education, in the recent proposals that have been made concerning education in this country. How often it is said that one generation rarely hands on the benefit of its own experience to the next. Many believe that the young must find out "the truth" for themselves, that they must learn by experience. One of the great exceptions to this point of view is religious experience, although it is so often said that one must find one's religion entirely unaided by others. "Never be influenced," it is emphasised. We must oppose this. A man who has gained the personal relationship with God, and understands truly the ultimate values of Christianity, is in a very strong position to educate the next generation. He has discovered the only method of approach to religion which can be successful, and must continually teach the young, and guide them towards this approach. They must benefit by his experience. The principle of education in which children must learn for themselves how to live, and not be influenced in any way, should be altered. There are many false and unsuccessful approaches to religion, all of which can be seen in our midst to-day. The Church is criticised, often unjustifiably, because the critic only sees members of a congregation who are only too obviously making the wrong approach. It does seem that the only way to right this is to start from the beginning, in the school. Here it must be clearly taught that the spiritual side of life must come first. The whole principle of education must be based on this simple truth. Instead of the weekly scripture lesson on a reading from the Old Testament, let there be real simple religious instruction by men and women who do truly believe what they are teaching. They must be individuals who have found the right approach, and have reached an honest understanding of the principles of Christ's teaching, and can hand on to the next generation the fruits of their invaluable experience of a personal relationship. There are many schoolteachers to-day who have to give religious instruction which they themselves do not believe. No enquiry had been made into their religious beliefs. We must get beyond this. There have been proposals, in Parliament, to raise the school-leaving age. Surely it is not only a case of more education that is wanted, but a thorough revision of the kind of education that is given.

Again we would emphasise that education must be revolutionised to the extent of teaching

that our spiritual life must be the centre of our existence, and that if only we would base our lives on this, the other multitude of problems that beset us would, of a surety, gradually right themselves.

LIVER DEGENERATION IN THYROTOXICOSIS

By I. M. Hill

Whilst it has for some time been recognised that jaundice is a rare complication of thyrotoxicosis (the first case was reported by Habershon in 1874[16], Crotti (1922) stressed its grave prognostic significance[11] and Assmann differentiated toxic and cardiac types[2]) little attention is paid by the current textbooks (e.g., Joll [21]) to the minor degrees of hepatic dysfunction which are frequently found in this metabolic disorder. Recorded cases of acute yellow atrophy in thyrotoxicosis are still relatively few and though the liver changes in this case were not as severe as in some recorded and investigations necessarily not as complete as one would wish, the case forms an interesting basis for discussion.

History

Mrs. E. W., a married woman with two children, employed as a despatch rider, was admitted to a County Institution under a "fourteen day" lunacy order on 20.6.42 with the history that on 3.5.42 she sustained a transverse fracture of the middle third of her right femoral shaft in a motor-cycle accident. This was treated in a general hospital by skin traction until the skin condition necessitated the insertion of a tibial pin under general anæsthetic on 11.5.42. On 14.5.42 she complained of giddiness and diplopia and on examination was found to have exophthalmos, a rapid pulse, but no hand tremor. On 19.5.42 she was irrational, excited, confused and on 31.5.42, when seen by a consultant neurologist, was considered to have exophthalmos without thyrotoxicosis and to be "in a state of confusion." On 12.6.42 a plaster hip spica was applied after the removal of the tibial pin and on 20.6.42 her behaviour was such that she was transferred to the County Institution under a lunacy order.

On admission here she was sweating, flushed, restless and confused; temperature, 97.8; pulse, 112; respiration, 20. The thyroid isthmus was palpable and the remainder of the gland but little enlarged. There was no hand tremor; but Von Graeffe's, Jellinek's, Ballet's, Joffroy's, Stellwag's and Moebius' eye signs were positive and she was considered to be a case of acute thyrotoxicosis.

Her mental condition improved under sedative therapy (phenobarbitone) her pulse remained in the region of 110 and iodine therapy was withheld in the hope that she might return to the general hospital for operative treatment. Ten days later her temperature rose to 102, she complained of right hypochondriac and renal pain and a culture of B. Proteus was grown from a catheter specimen of her urine. Sulphanilamide, G. 2 stat. and G. 1 qque. quart. hor., was prescribed, the temperature responded imperfectly (99.4), the general condition appeared to be improved, but the pulse continued in the region of 130, having fallen from 148. On 7.7.42 her white cell count was normal and the urine sterile; but the patient became more confused, the pulse rose to 140, the temperature remained in the region of 100, unchanged by discontinuing the sulphanilamide after 43 G. had been given. She developed a wailing cry and slight neck rigidity; but on lumber puncture clear cerebrospinal fluid under 85 mms. pressure was withdrawn which proved culturally, cytologically and serologically normal. She became comatose, though her urine at no time contained reducing substances or ketones and she died on 15.7.42, her temperature having reached 104, her pulse 180 and her respiration 60 (thoracic, not ketotic).

At autopsy the body was grossly wasted; the brain, skull, meninges and thymus were normal; the thyroid gland was small (weighing 1 oz.) and fleshy; the lungs showed basal congestion and the heart was normal. The peritoneum contained a little bloodstained fluid. The liver was small (32 ozs. or 900 G.), soft and showed gross macroscopic fatty change with signs of recent perihepatitis. The kidneys showed evidence of chronic diffuse nephritis, but little of pyelitis. There was no evidence of union or even callus formation at the site of the fracture of the femoral shaft.

Discussion

There seems little doubt that the cause of death was acute thyrotoxicosis, complicated by gross liver degeneration. The urinary infection was subclinical, the abdominal pain being due to perihepatitis. Histologically the thyroid gland showed moderate toxic hyperplastic changes and the liver gross degeneration and fatty change. These degenerative changes are most marked in the centres of the liver lobules, where the cells all stain poorly and in many cases are necrotic and fragmented. At the periphery of the lobules a thin area of less degenerate cells is seen; but even these contain many large fat globules. There is remarkably little round cell infiltration, no evidence of venous congestive changes, regeneration, nor of increase of the fibrous tissue even in the portal areas.

Kerr and Rusk[24] first reported acute yellow atrophy in a fatal case of thyrotoxicosis in 1922, Raab and Terplan[33] another the next year, whilst Kerr[22] and Barker[3] recorded further cases in 1930 and Wilensky summarised the relevant literature of this and other groups of the "hepato-renal syndrome" in 1939[43]. The incidence of thyrotoxic liver damage as found in post-mortem specimens was investigated by Weller who reported in 1930[40] that he found a well marked interlobular chronic parenchymatous hepatitis with lymphocytic infiltration and bile duct proliferation in 24 of 44 selected cases of Graves' disease; but only one in a similar control series and he made a similar report on a further series in 1933[41]. The typical histological picture that he described thus differs from that in the case now described, where there was no evidence of a chronic lesion or bile duct proliferation and the necrosis was centrilobular. Lord and Andrus[29] in 1941 made observations on the autopsy findings in six postoperative fatal thyrotoxic cases, of which two were jaundiced. These cases all showed fatty liver degeneration with marked centrilobular necrosis and some degree of chronic cirrhosis. In only one case was the liver smaller than in the case recorded here (850 G. as against 900 G.).

The characteristics of the liver lesion in gross thyrotoxicosis have been widely studied (e.g., Cameron and Karunaratne[6]). Cramer and Krause[10] noted that thyrotoxic livers lacked glycogen: Beaver and Pemberton [6] in a series of 107 cases found acute degenerations both diffuse centrilobular (as in this case) and focal, in small livers, many of which showed cirrhotic changes described by Weller, and Schaffer (1940)[37] confirmed their findings; but concluded that vitamin B and C deficiencies were not ætiological factors as had been previously suggested. In 1935 Mora[31] summarised the situation and considered that hepatic changes appeared to be an integral part of the syndrome of thyrotoxicosis.

The cause of the liver damage and death in these cases is still under discussion. From clinical and therapeutic observations Lahey[27] considered most of the deaths associated with hyperthyroidism to be "liver deaths." On the experimental side, Hashimoto[17] and Goodpasture[15] found that by feeding rats with thyroid, liver damage could be produced apart from congestive changes due to hyperthyroid heart failure, whilst eight years before that, Farrant[13] recorded similar findings in cats and more recently Gerlei[14] in rabbits. In dogs, Kurijama[26] produced a glycogen poor liver by this means and more recently Drill and Hayes[12], using the bromsulphthalein test, showed marked impairment of liver function in dogs in these circumstances, though Simonds' and Brandes' similar findings[38] in 1930 in dogs merely undernourished would rather lessen the value of these observations, which all relate to the excess feeding of animals with normal thyroid substance. They are thus not strictly comparable with thyrotoxic as opposed to hyperthyroid lesions.

Clinical investigators mostly agree that the liver function is impaired in thyrotoxicosis; but the multiplicity of the tests used indicates that none gives an absolute estimate of total liver function. Thus, using the dextrose tolerance[36] and phenoltetrachlorphthalein tests[35], Youmans and Warfield[44] were unable to correlate the degree of liver damage with the increase in basal metabolic rate (B.M.R.); but Hurxthal[19] found that the blood cholesterol level was inversely proportional to the B.M.R. and clinical symptoms. The Rose Bengal[23], galactose[1] and lævulose[25] tolerance tests, Takata Ara[34], bromsulphthalein[30], hæmoclastic crisis[42] tests, plasma prothrombin level [39] have all been suggested. The urobilin quotient is raised in 50 per cent. of cases[18] and recently a cincophen oxidation test[28] and Quick hippuric acid test[32, 7, 4] have found favour. By applying the findings of these tests, Lord and Andrus[29] and Bartels[5] suggest that beneficial preoperative therapy in thyrotoxic patients should include a high calorie, high carbohydrate and high protein diet, rich in vitamin B, but of poor fat content. The carbohydrate question is further emphasised by John[20] in his studies of sugar metabolism and glycosuria in thyrotoxicosis.

Summary

A fatal case of acute thyrotoxic liver degeneration is described, the histological picture varying from that frequently described in this condition. The possibility of sulphanilamide being a further ætiological factor should be borne in mind[9]. A brief review of the work on the investigation of the condition is given.

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REFERENCES

1. Althausen, T. L., and Wever, G. K., J. Clin. Invest., 1937, 16 :257.
2. Assmann, H., Munchen med. Wchnsch., 1931, 78 :221.
3. Barker, L. F., Med. Clin. N. Amer., 1930, 14 :261.
4. Bartels, E. C., Ann. Int. Med., 1938, 12 :652.
5. Bartels, E. C. and Perkins, H. J., New Eng. J. Med., 1937, 216 :1051.
6. Beaver, D. C. and Pemberton, J. de J., Ann. Int. Med., 1933, 7 :687.
7. Boyce, F. F. and McFetridge, E. M., Arch. Surg., 1938, 37 :427.
8. Cameron, G. R., and Karunaratne, W. A. E., J. Path. & Bact., 1935, 41 :267.
9. Cannon, P. R., J. Amer. Med. Assoc., 1937, 109 :1536.
10. Cramer, W. and Krause, R. A., Proc. Roy. Soc. Lond., 1913, 86 :550.
11. Crotti, A., Tyhroid and Thymus (2nd Edn.), 1922, p. 381.
12. Drill, V. A. and Hayes, H. W., Proc. Soc. Exp. Biol. and M., 1940, 43 :450.
13. Farrant, R., B.M.J., 1913, 2 :1363.
14. Gerlei, F., Ann. d'anat. path., 1933, 10 :555.
15. Goodpasture, E. W., J.A.M.A., 1921, 76 :1545.
16. Habershon, S. O., Lancet, 1874, 1 :510.
17. Hashimoto, H., Endocrinol., 1921, 5 :579.
18. Heilmeyer, L., Deut. Arch. f. klin. Med., 1931, 171 :515.
19. Hurxthal, L. M., Arch. Int. Med., 1933, 52 :86.
20. John, H. J., Endocrinol., 1927, 11 :497.
21. Joll, C. A., Dis. of the Thyroid, Lond., 1932.
22. Kerr, W. J., Northwest Med., 1930, 29 :430.
23. Kerr, W. J. and Delprat, G. D., J.A.M.A., 1925, 85 :942.
24. Kerr, W. J. and Rusk, G. Y., Med. Clin. N. Amer., 1922, 6 :445.
25. Kugelmann, B., Klin. Wchnschr., 1930, 9 :1533.
26. Kuriyama, S., J. Biol. Chem., 1918, 33 :193.
27. Lahey, F. H., New. Eng. J. Med., 1935, 213 :475; Ann. Surg., 1929, 90 :750.
28. Lichtmann, S. S., Arch. Int. Med., 1933, 52 :86.
29. Lord, J. W. and Andrus, W. de W., Arch. Surg., 1941, 42 :643.
30. Maddock, W. G., Coller, F. A. and Pedersen, S., West. J. Surg., 1936, 44 :513.
31. Mora, J. M., Illinois Med. J., 1935, 68 :282.
32. Quick, A. J., Proc. Soc. Exp. Biol. & M., 1932, 29 :1204; Amer. J. Med. Sci., 1933, 185 :630.
33. Raab, W. and Terplan, C., Med. Klin., 1923, 19 :1154.
34. Ragins, A. B., J. Lab. and Clin. Med., 1935, 20 :902.
35. Rosenthal, S. M., J.A.M.A., 1920, 79 :2125.
36. Sanger, B. J. and Hun, E. G., Arch. Int. Med., 1922, 30 :397.
37. Shaffer, J. M., Arch. Path., 1940, 29 :20.
38. Simonds, J. P. and Brandes, W. W., Arch. Path., 1930, 9 :445.
39. Smith, H. P., Warner, E. D. and Brinkhous, K. M., J. Exp. Med., 1937, 66 :801.
40. Weller, C. V., Tr. Assn. Amer. Phys., 1930, 45 :71.
41. Weller, C. V., Ann. Int. Med., 1933, 7 :543.
42. Widal, F. and Abrami, P., J.A.M.A., 1925, 84 :1002.
43. Wilensky, A. O., Arch. Surg., 1939, 38 :625.
44. Youmans, J. B., and Warfield, L.M., Arch. Int. Med., 1926, 37 :1.

A CASE HISTORY OF CALAMITY

By Denis Merritt

Because of that long standing dictum that medicine stands aloof from politics, the all-important study of state government and international relations has, for centuries, been almost totally ignored by one of the only faculties of educated men in the world who, by training and habit, are daily accustomed to correlate symptoms and arrive at a diagnosis. In the far off days of the origin of this medical philosophy the results of legislative incompetence were not so immediate, universal, nor catastrophic as they are in these days when science has bridged distance and enriched man's power of destruction. It has recently been pointed out by several writers that war is, to all intents and purposes, a disease, and a careful analysis of its results tends to support this view. Its final result is the death of many millions and the disablement of an even greater number; its aftermath is attended by poverty, famine, deficiency disease, and the menace of some vast and lethal pandemic such as that which crossed the world after the war of 1914-1918. In its active stage it causes the setting up of a perverted scale of moral values which, in later years, give rise to examples of moral degeneration of every type. Although its causes may arise from certain pathological changes in the structures of nations, its ravages affect the physiological wellbeing of the individual, and if only for this reason, it is high time that the doctor, whose vocation is man's care, should devote some of his time to the study of its cause and prevention.

There is, nowadays, an evergrowing body of political economists, social scientists and other experts who surround the nucleus of the professional politicians, and there is, therefore, a tendency to believe that it is the province of such men alone to administer and maintain the balance of nations. That their function is not of the utmost importance, I would not for a moment deny, nevertheless they have failed, for the second time within twenty odd years. This is not an attempt to justify or palliate the methods of the totalitarian states, but few, I think, will deny that the septic foci of Prussian imperialism in the last war and the Nazi party

in this one are merely the presenting symptoms of a wide spread disorder in national and international affairs.

Because of the failure of the politicians and economists, I shall, in the following pages, write on War as one would upon a disease, giving its history, aetiology, and, as I see it, cure. This I am doing with no expert knowledge of the subject. The conclusions I have drawn and measures I suggest may be completely erroneous; if so, I stand open to correction. I shall, at least, have done my best to draw the attention of the members of this Hospital to a subject so important that no man can be justified in saying that he has no time to devote to it.

History

It seems reasonable to assume that the first war in this world occurred between two families of cave dwellers. The aggressor was a man with several wives, many children, and inadequate cave accommodation; the victim a man with fewer children and a larger cave. The cry, as to-day, was "Lebensraum." and whether the children understood the cause or not, they almost certainly fought their battle with fanatic conviction.

In part as a result of such family battles, and partly as the strength of communal life became more evident, tribes began to appear in the world, and with tribes appeared chieftains. Once again clashes of interest occurred between neighbours and once again the weaker went to the wall or was absorbed. Thus, in the course of ages, tribes grew to principalities and thence to kingdoms. The chieftains disappeared and were replaced by a king and his attendant court of nobles.

In the days of primitive society when the life of the ruler was more intimately connected with that of his vassals, the point at issue was at least partially understood by those who took part in the battle, but as kingdoms developed and the monarch became more remote from his subjects, the true reason for a war could not be said to impinge upon the orbit of each member of the state. In order to cover this defect, religion was often used to cloak a commercial motive. An example of this type were the Crusades, fought ostensibly on religious grounds, but with the deeper and more mundane object of safeguarding the trade-routes to the East. Yet a further instance can be seen in the militant spirit fostered by Elizabeth; on the surface it appeared to be the revolt of a Protestant country against Catholicism, in actuality its primary object was the enrichment of the Crown.

As it became more apparent to the common people that the interests of kings were not necessarily coincident with those of their peoples, the power of absolute monarchy began to decline. In its place, countries relied upon systems of constitutional government, crude and unrepresentative at their inception, but improving as individual incidents showed each defect. Unfortunately, the wealth which was diverted from the coffers of the Crown now began to pour into the pockets of traders, and the era of the merchant princes started. Their pomp and ceremony was less open, they had no obvious subjects, but their power was immense and they did not hesitate to use it in the furtherance of their own interests. Burke's impeachment of Warren Hastings sprang from his fear that the enormously wealthy "nabobs" of the East India Company would control Parliament by buying up a majority in pocket boroughs.

The introduction of the secret ballot ousted menaces of this type, but the continuance of party government produced a position by which the vast bulk of legislative members were controlled by a select committee. Should this committee be dominated by one particular man, or a small cabal influenced by some outside financial despotism, once again the whole structure of democratic government falls to the ground. Such an incident occurred in 1926 when the British government gave financial assistance to the tottering National Socialist Party in Germany. By so doing, they fought back the communism which threatened to engulf that country, protected the financial interests of many of this country's industrialists, and quite unwittingly sowed the dragon's teeth of this present war.

Ætiology

Throughout the history, I have done my best to stress that wars are the result, not of clashes of the national wills, but of the interests of small groups of highly placed and influential individuals. These people are not the inhuman monsters that soap-box orators love to portray, and I do not for one moment suggest that they deliberately influence international policy, knowing that the steps that they enforce will lead inevitably to war. There are few men in this world sufficiently monstrous willingly to cause the death of millions of their fellowmen; there are, however, many who, when in a position to direct a step which will safeguard their own interests, will do so feeling that some fortunate set of subsequent circumstancees will nullify any harm that their action may have caused.

The happiness of the members of a community is dependent, not so much upon the system of government which is in force in their country, but upon the humanity with which the system is administered, and upon the proportion of the country's wealth which can be devoted to social amenities. A benevolent despotism can excel a system of puritanical socialism. The importance of the revenue far exceeds that of the political system in force. Thus, in pre-war days, the average standard of living in such capitalist countries as England and the United States far exceeded that in Soviet Russia.

The true menace lies in the international trade competition by which each country attempts to increase its revenue, raise its general standard of living, and thus justify its internal political system. This leads to the formation of rival protective systems, and the exclusion of some countries from sources of vital raw materials. Each tariff a country enforces for the protection of some home or colonial industry, leads to a corresponding loss in the income of some other country. In the nation thus penalised a spirit of discontent is bred; if its rulers are unpopular a revolution occurs; if, however, their hold is secure, they will sublime this discontent into imperialist militarism and a war ensues.

If this analysis is correct it then becomes apparent that the most influential members of each community seek to justify the political system which assures their existence by seeing that the lesser members live in a state of moderate prosperity. They either do not care about the resultant reduced standard of living in other communities of the world or have not examined the position sufficiently to realise that it will ultimately lead to war. I shall therefore sum up by saying that war is resultant from the unrestrained desire for individual power or self-aggrandisement and pass on to the cure.

The Cure

The cure in the case of every nation falls into two classes, internal and external. The internal treatment is the removal of excessive power from the hands of the individual or party and is not so radical or excessive as one would at first glance imagine.

It will be simpler in the first case to take a hypothetical example and deal with it rather than to talk in terms of broader generalities. Let us, therefore, imagine the existence of a man who, under the present circumstances, is in control of a third of the country's steel supplies. Were we to assess his assets in terms of currency we should say that he was "worth" some arbitrary figure, let us make it £120,000,000. Now compared with the total wealth of this country this figure is a puny one. It does not truly represent the power of this man, which lies in the fact that he is a partial monopolist; he has but to form an alliance with those who hold the other two-thirds of his commodity and the power of that syndicate is immense. If, however, the state took control of his holdings, giving him in compensation government bonds to the value of his assets, and appointing him as a highly salaried official to administer the business as before, the situation would be considerably altered. His investments would no longer be directly related to steel and he would therefore have less inducement to use his power in the furtherance of steel at the expense of some other commodity such as concrete. It is true that he would be somewhat the poorer because his government holdings would yield a fixed dividend of 3½ or 5 per cent., and this reduced income, even when added to his state salary, would hardly be as large as it would have been in his former position. Nevertheless he would still be a very wealthy man and, what would be more to his advantage, a more secure one, for now his assets would be "gilt edged." The state would be in a position to devote some of the increased income they would derive from direct ownership of commercial enterprises to various forms of social amelioration and this should lower taxation. This is the means by which I suggest that the power of individual or collective capitalists may be reduced. That many would oppose such a step bitterly I have not the slightest doubt, but I should like to point out that a far more extreme form of socialism is, or, I should say, before the war, was creeping across Europe towards the British Isles and, were I in the position of the man whom I have imagined, I should console myself with the thought that three-quarters of a loaf is far better than none.

In the previous paragraph I have attempted to deal with what may be described as indirect power which may affect the efficiency of a parliament. We can now see how this would affect the legislative members themselves. In this country we pay over six hundred highly intelligent men an income in the neighbourhood of four hundred pounds a year to devote the bulk of the time to the all important task of guiding our destinies. Personally, I have never come into contact with a member of parliament whose standard of living lead me to believe that this could be his only source of income, and I do not think I exaggerate when I say that

the bulk of these gentlemen have financial interests other than the salary I have mentioned. Because of this position various rather unsavoury little incidents have at times occurred. If now, all private commercial enterprise was, as I have suggested, taken over by the state, any private income that these members possessed would be derived from the government, and the country's best interests would be coincident with their own. It is to be deplored that, at this present moment, this is not always the case.

The present position by which a judge who ministers to truantries of the individual is paid an income of five thousand whilst these, our only legislators, are paid the income I have mentioned is, of course, farcical; but it is an anomaly which can easily be adjusted by the introduction of a suitable scale of remuneration, and the institution of a course of training for men found suitable for this most onerous of tasks. The fallacy of the party system I have already mentioned in a preceding page.

The external treatment of this crisis can be dealt with just as simply. Each country, as I have pointed out, engages in international trade in order to maintain or improve its own standard of living. Let us take a country which we will assume has adopted the system of nationalisation I have advocated. It will now be in a position to calculate exactly what total revenue it will require in order to pay its salaries, the dividends on the securities it has issued, and to maintain the necessary social services of the country. With this necessary figure in mind, and with a knowledge of the size of the market it can cater for, it would be in a position to fix the price of the commodities which it intends to sell in international trade. If now, all the countries in the world adopted this system, they would be in a position to meet in conference and guarantee to produce certain commodities at a certain fixed price if other countries would devote themselves to the production of other commodities, also at a fixed price. In this way each country would hold the power of a monopolist quite irrespective of size and territorial position.

Owing to shortage of space I cannot deal with these matters in more detail. Almost everything I have said has been of necessity a generalisation and is open to contradiction on specific grounds. This does not alter what I contend to be the basic truthfulness of my argument. Many will object upon the ground that the cure I have suggested is Utopian and would not be subscribed to by such imperialist nations as Germany. Human nature is far from perfect and it is for this reason that we have, in this country, a penal code and a police force. Others will suggest that such a cure would be costly and long-winded in putting into practise and to these I answer that, if it has taken nearly four years concentrated usage of the physical and mental resources of nearly the whole world, together with the expenditure of an almost incalculable sum of wealth to reduce us to this present position, we should be fools to begrudge any time or money we spent in placing ourselves in a situation where this most appalling of tragedies can never happen again.

A PRECLINICAL STUDENT WITH CLINICAL EXPERIENCE

In these days when many of those who start the long and often weary path to qualification fall out and join the Forces, it is interesting to see what becomes of them. Some forget all about their medical work and never have any intention of making the effort to go back to it, while others take every opportunity of getting such experience and practical work as comes their way. We have recently had news of H. C. M. Jarvis, who was at St. Bartholomew's Hospital Medical School at Cambridge for the first year of the war. He joined up in the R.A.F. and after training in America he was subsequently taken prisoner after a bombing raid on Germany. Throughout his training until the present time in his prison camp he has missed no opportunity of furthering his medical knowledge and experience; he was evidently one of those who didn't take kindly to the drudgery of the preclinical subjects.

Jarvis' station in America was Pensacola, Florida. Here he was fortunate in meeting the camp medical officer, of whom he speaks very highly. All his spare time and week-ends was spent in the local hospital. A great deal of practical work came his way, largely owing to the prevalence of the knife as a weapon of offence amongst the local negro population. Before long he was allowed to do sutures and minor operations himself and occasionally took over the job of Junior Interne. Much of his time was spent in the operating theatres and I feel it is a great compliment to the surgeon when he says that he watched thirteen operations in one day. He was also able to attend the autopsies on unsuccessful cases. Besides

these he was present at all the emergency operations and assisted at many of them, ranging from women in labour to those who had celebrated the New Year too well. He made short notes on the cases which he saw, some of which are printed below.

I. Negro, aged 25, involved in a car smash. Multiple bruises. Discharged after local treatment.

II. "Four women admitted after swerving from road to avoid cow." Two had wounds to be sutured, one was discharged with abrasions and the fourth was detained on account of shock.

III. Man with a perforated gastric ulcer. This was repaired in the usual fashion.

IV. A naval ensign who had been involved in a serious accident and sustained multiple severe injuries. The right foot and left leg lacerated with a fracture of the femur, tibia, hipbone and patellar on the right side. He was unconscious and not well enough to stand the extensive operations required. So he was put to bed and given injections of morphia, antitetanic serum, together with 500 cc. glucose intraveously, 500 cc. plasma and 500 cc. blood. Signs of cerebral hæmorrhage became evident and although consciousness was regained and another two pints of blood transfused, his condition deteriorated and he died.

V. A seaman admitted with an ant bite on the penis. The irritating effect of the fornic acid had caused great swelling which was reduced after rest and the application of ice packs.

VI. Another accident came in which a sailor had driven a car into a lamppost while under the influence of drink. A deep scalp wound was sutured.

VII. A woman of 25 with an ovarian cyst. At operation this was found to be very adherent and a subtotal hysterectomy was performed owing to malignant change.

VIII. A boy of 5 with an acute mastoid infection requiring immediate operation. Some difficulty was encountered with the anæsthetic as the child had had breakfast quite recently which he proceeded to deposit at regular intervals upon everything within reach. Unfortunately the surgeon's gloves and instruments were contaminated and the operation was held up.

IX. An abortion for medical reasons on a woman four months pregnant.

X. Intestinal obstruction due to a strangulated hernia which was gangrenous and had to be resected.

I have recently heard from his father that he is daily in the prison hospital at Stalag VIII B. in Germany, where he is able to help the British Medical Officer. His address is:—

Sergeant H. C. M. Jarvis,
P. O W. No. 27010,
Stalag VIII B.,
Germany.

We hope his clinical experience will help to carry him through the preclinical years after the war.

ANNOUNCEMENTS

BIRTHS

HARMER.—On June 24th, to Bridget, wife of Michael Harmer, F.R.C.S.—a son.

MARRIAGES

RANDALL—PULLAN. On July 22nd, 1943, at Leeds, Dr. Keith John Randall, elder son of Mr. and Mrs. C. J. Randall, of Exeter, to Helen Margaret Pullan, elder daughter of Dr. Margaret C. Pullan, of Leeds, and the late Dr. C. Durham Pullan.

STEPHEN—MACALISTER. On July 22nd, at Christ Churst, East Sheen. Dr. C. S. M. Stephen, elder son of the late Lt.-Col. L. P. Stephen, F.R.C.S.Ed., and Mrs. Stephen, of Grimsby, to Margaret Leslie Macalister, elder daughter of Dr. C. J. Macalister and Mrs. Macalister, of Bourton-on-the-water.

The Chartered Society of Massage and Medical Gymnastics are holding their 1943 Annual Congress at the Great Hall, B.M.A. House, Tavistock Square, on September 24th and 25th. There are lectures by R. W. Watson-Jones, R. D. Langdale Kelham, Lt.-Col. St. J. D. Buxton, amongst others. Tickets can be obtained from the Assistant Secretary of the Society, Tavistock House, Tavistock Square, W.C.1.

Contributions for the next issue of the JOURNAL must reach the JOURNAL office by September 13th.

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal.

Dear Sir,

It is very welcome to see discussed in your editorial a subject which, despite its importance, is all too rarely brought to the notice of medical students, that is, the relationship of general practitioner and parish priest. Your article contains a number of inaccuracies and at least one important omission and I should like to criticise it in that light.

It is true to say that the doctor has greater acquaintance with non-church going families than the priest, but the priest's "professional" acquaintances are not limited to his congregation, on the contrary, if an incumbent has a large parish, then his visiting may have to be restricted and the wise priest will restrict it to the non-church goers whom he is unable to reach from the pulpit.

Again, it is true that there are many problems outside health that people will prefer to discuss with the doctor, the so-called "man of the world," which either through prejudice or ignorance they keep from the priest. However, when it comes to the last resort when the doctor's skill is of no further use, for it is only that seemingly mystic power of healing that encourages their confidence, then they will turn to the priest for "council, penance and advice." Nor let it be supposed that the priest is necessarily a last resort it is often one of the greatest difficulties in doctoring (I speak from hearsay) that the patient won't tell all his troubles to his doctor, even when they are medical troubles, whereas the priest is often confronted with even these.

To say that the majority of doctors are capable of assisting their patients spiritually and then infer that the majority of priests are not, shows a misunderstanding of spiritual conceptions. Their conception, Sir, is on a level with the title of your article, "Mind and Body," in which you discuss Spirit and Body, it is in the confusion of the sick mind, as dealt with by the psychiatrist, and the sick spirit, as dealt with in the confessional, that the greater part of these misunderstandings arise. You yourself suggest part of the remedy, the providing of a course in psychology to the theological student. Excellent, Sir, but it is already being done, though perhaps not as fully as it might be. It seems to me, however, that the main part of the remedy, the omission I wrote of, lies in our own hands. If the priest is to learn something of the mind, we in turn must learn something of the spirit, and priest but confederates. One of the greatest difficulties a parish priest has to face is the continuous antagonism, both active and passive, of doctors in his neighbourhood—those with whom he should be working for the benefit of mankind. "Public Health" teaches us our job as it relates to the local authorities and government departments, "Forensic Medicine" teaches it as it relates to the law and lawyers, what have we comparable to teach it as it relates to religion and the ministers of religion? (Psychology clinics do not, nor indeed is it their task.) "The church is failing," but the church is more than its ministers, it is every baptised member and the failure is always a personal thing, and if we are to share the responsibilities of other persons' lives, then the failure is so much more our fault and ours to prevent. Medicine is not the priest's job but religion is everyone's.

Yours, etc.,
O. D. CUTHBERT.

S. Michael's Vicarage,
Ravenscroft Avenue, N.W.11.

To the Editor, St. Bartholomew's Hospital Journal.

Dear Sir,

The *St. Bartholomew's Hospital Journal* circulates mainly, I take it, among the medical profession; few clergymen will have the opportunity of reading your editorial in the July issue. This is to be regretted, for more reasons than one. In the first place, it is a great encouragement to us parsons to find, in a medical journal, so full a recognition of the fact that the patient, regarded from the standpoint either of the doctor or the pastor, is a unity of body and mind, and that the "health" with which both doctor and pastor are concerned is a "wholeness" (which is, of course, what the word health means) of body and mind. "Body and soul," you truly observe, "cannot be divided; neither can the help they need." If I were to define health as the proper response of the total psycho-somatic individual to the totality of his environment—that is to say, to nature, to his fellows, and to God—I do not think you would wish to dissent? Differences would arise between us, no doubt, when we came to defining our terms; and this brings me to another reason for welcoming your article. The doctor and the priest are, or should be, experts exercising their respective craft—*in the same field*, namely, the patient in his totality. It would seem, then, either that one of them should be excluded from the field, or that—as you and I desire—there should be co-operation between them. But co-operation implies, at least, mutual understanding; it seems highly desirable, therefore, that doctor and parson should each of them know more than he commonly does at present about what the other is trying to do. You will, I hope, forgive me for saying that your article gives the impression that your conception of the priest's objective in his ministrations to the sick is, to say the least, gravely inadequate.

Your view that "the majority of doctors are reasonably capable of assisting their patients spiritually" seems a trifle over-confident!—unless, of course, your claim that "it is the absolute duty of every doctor to be able to help a man to come closer to his God, whatever that may mean" is to be taken seriously—whatever it may mean! Please believe that lack of "knowledge and understanding of human beings," and "painful inadequacy at reaching the average man and gaining his confidence," are not confined to members of the clerical profession: *experto crede*! But you are undoubtedly right in lamenting the "out-of-touchness" of too many of the clergy. It is sometimes the consequence of our laudable efforts to avoid the opposite vices of professionalism and mere heartiness. But partly it comes from our over-absorption in, and over-concentration on, "grace" at the expense of "nature": our tendency to suppose that the sole interest of God Himself is in churchgoing: our blindness to the implications of "first that which is natural, then that which is spiritual."

I am, Sir,
Yours, etc.,
(Canon) CYRIL E. HUDSON.

St. Albans.
23rd July.

HAS LIFE A PURPOSE ?

The June number of the BART.'S JOURNAL contained a report from Hill End, in which a meeting of the Christian Fellowship was commented on. I do not intend to reply to the criticism of the meeting but to give an answer to the last three sentences which read as follows :—

> " The conscientious inquirer without faith will certainly be forced to believe that the Universe is governed by some purpose or that his life has no meaning. The latter devastating conclusion makes the effort of living so unbearable that he turns to the Christian in the hope that he may find a directing force. It is a pity he is told that without an irrational faith no solution can be offered to him."
>
> (St. Bartholomew's Hospital Journal, Vol. XLVII, No. 5, page 165.)

I gather from the context that the phrase " irrational faith " means that the Christian Faith is considered to be irrational because it is not proven—certainly not by the ordinary method as used by science. I would remind the writer that a faith which is proved is no longer a faith but a fact and as such there can be no credit in believing in it. But are we clear what this illogical faith is? It begins here—" A belief in God "—this does not mean that if you will believe in God I will prove His existence—I could not do so even if you did. It means that to be a Christian you must believe in God.

So far the Jewish faith went. But Christianity goes further. A Christian believes that Jesus of Nazareth was the Son of God and that His death was accepted by God as an atonement for the sin of the world. " Sin " is an unpopular word, but if we consider what Jesus Himself said were the two great commandments (" Thou shalt love the Lord thy God with all thy heart and with all thy soul and with all thy mind " and " Thou shalt love thy neighbour as thyself "—Matthew, chapter 22, verses 37 and 39) can any of us say we are without sin? Furthermore, we believe that He rose from the dead and now lives. Such is quite simply the Christian Faith—it is all summed up in a verse in John 3, 16—" God so loved the world that He gave His only begotten Son, that, whosoever believeth in Him should not perish but have everlasting life."

Is this faith illogical? To science it must appear so because science only deals with things that can be perceived by the five senses. It has in the past tended to deny the existence of anything outside these confines. This is especially noticeable in the Freudian Psychologists who claim that there is nothing in the mind of man which cannot be explained by their theories, and that religion is merely a product of man's mental processes. A very good answer is given to this idea by Yellowlees (Textbook of Psychological Medicine) who points out that philosophy only begins where science, including psychology, ends, and that it is illogical to deny the existence of something merely because one cannot understand it.

The standard work on Christianity is " The Bible." We do not ask you to believe it without reading it, but we do suggest that you should read it before criticising it. It should be realised, however, that Christianity is not founded on belief in the Bible but a belief in God.

I can now give an answer to the question " Has Life a Purpose? " by saying " Yes—to the Christian." This purpose is " To try to do God's Will and to live in a personal relationship with Him."

A. C. AKEHURST.

ACKNOWLEDGMENTS

The Journal gratefully acknowledges the receipt of the following publications :—

St. Thomas's Hospital Gazette, Clinical Proceedings, The M.T.E. Journal, King's College Hospital Gazette, Guy's Hospital Gazette, The London Hospital Gazette, Post-Graduate Medical Journal, Nursing Times, General Practitioner of Australia and New Zealand, The Indian Physician, The British Journal of Nursing, Royal Dental Hospital Gazette, League News of St. Bartholomew's Hospital Nurses, The Student, The East African Medical Journal, The Indian Physician, University College Hospital Magazine, Clinical Excerpts, Middlesex Hospital Journal, St. Mary's Hospital Gazette, The Lister Journal, The Clinical Journal, The Broad Way (Westminster Hospital Gazette), University of Sydney Medical Journal, Medical Times.

FROM THE SUBLIME TO . . . .

It is one of the oldest recognised customs in medicine, if not one of the most disreputable —I refer to "snag shifting." Everyone must have met the tragedy of the old dears, and sometimes they are not so old either, who have multitudinous aches and pains which upon examination are not very convincing. Generally one learns while walking the Wards how to avoid some of the major snags—the excuses offered by Clerks against having a diabetic or a colostomy case bear witness to the future capacity of the owner to avoid or deal with "snags."

However, on reaching the exalted status of Houseman one realises to the full the perfidy of one's colleagues . . . the enthusiastic and innocent Houseman soon becomes a bitter cynic and is soon snag shifting with the best of them. Thus after two hours of unavailing treatment of a simple case of nosebleeding the House Surgeon refers the case as one of raised blood pressure to the already harassed House Physician on duty. The obvious answer to make is to refer it back for renal decapsulation to deal with hypertension. If a child has anything whatsoever the matter with it the answer is simply—to the Children's Department it goes. The ultimate end is certain, however, the child becomes an adult at the age of twelve years of age and back it goes to the original sender, accompanied by a polite, if curt, note.

After a few weeks the new Houseman realises the possibilities and limitations of such practices. Thus it is folly to ask for a second opinion on Monday morning, although that particular firm are not above referring six cases to be dealt with by the H.S. personally for determination of residual urine on his busiest morning of the week. When, however, six of his few available Dressers are asked to collect clean specimens the Houseman does get bitter and accordingly makes a vow to refer all awkward cases with doctors' letters for Monday morning—a subtle method of revenge. He accepts with resignation that all cases referred to the Skin or E.N.T. Department eventually find their way back to him for treatment. The duty H.P. soon realises that it is unwise to admit cases over the telephone from seemingly altruistic practitioners of twenty years' experience.

The possible outcome of the Beveridge Health Centre has delightful possibilities. The poor patient, instead of spending one, or at the utmost two days, before reaching the right Department, will have a trying fortnight doing the rounds of every Department, thus enabling each Consultant to get five shillings from the Government. If visits to the Centre are to be rationed in some analogous manner to the points system, what is to be the relative value of constipation as compared with backache? I only hope to live to see the day when the Minister of Health has spent all his laxative coupons and has to resort to the undignified expedient of having an enema.

ANTHONY.

THE PANAMA CANAL PRINCIPLE

To the Ear, Nose, and Throat Department,
St. Bartholomew's Hospital.

Dear Sir,

I get Hay Fever every summer very badly. I've tried everything, and still feel terrible. Just lately I've tried something quite new—Cream of Tartar. I take half a teaspoonful in warm water every day. It takes the fever away, cools the blood, and hardens all the mucus membranes. I haven't had any terrible itching of the eyes and I feel most energetic—so different from other years, when I want to lie on the bed when I am not working.

What I want clinical advice on is whether large doses of Cream of Tartar can be taken into the system without harmful effect. I feel so well it is like a sort of drug-like cocaine, only it doesn't seem harmful. I trained at Bart.'s from 1925 to 1928, so I feel it would be quite in order to make a few inquiries on something which may prevent all fevers from being fateful. Hay Fever is vegetable life or pollen absorbed into the system. Tuberculosis, V.D. and Cancer are minute animal life living in the blood stream and giving off waste products which poison the system and form pus, which collects as an abscess. The principle to combat these diseases should be the principle which enabled the Panama Canal to be built; drying up all the mucus membranes which are inflamed in the linings of the digestive tract and the linings of the lungs, kidneys, heart and liver, and so prevent these minute animal amœbæ from multiplying.

I've taken about 3 ozs. into my system so far, and would be glad to know if I can go on taking my half-teaspoonful a day without harmful effects. It is malic acid, and Cream of Tartar is the froth off grapes in wine-making.

I hope you won't mind me asking for advice, but I don't know you and I don't want to ask my own doctor. They are so amused at people trying experiments on themselves, but Hay Fever is not amusing, it's ghastly.

Your truly,

MRS. ——.

This thought-provoking letter was recently received by the E.N.T. Department. A reply in the affirmative was duly sent.

R. W. L. H.

BOOK REVIEWS

BROMPTON HOSPITAL REPORTS. Vol. XI., 1942. A Collection of Papers Recently Published from the Hospital. (Pp. 136. Copies obtainable from the Secretary of the Hospital, 5s. 7d. post free.) Aldershot: Gale and Polden, Ltd.

This volume follows the usual custom of collecting under one cover the papers published by members of the staff during the past year; previous volumes have in addition often included one or more original communications, but the 1942 number has no such condiment.

As the articles are originally written for various journals, each with its own type of medical public, it is not surprising to find the highly scientific, *e.g.*, Foster-Carter's description of "The Anatomy of the Bronchial Tree" mixed with the most simple clinical exposition, *e.g.*, Wingfield's "Modern Treatment of Pulmonary Tuberculosis"; this, however, gives the impression of rather a hotch-potch if the book is read from cover to cover. Two articles, "Zinc Peroxide Preparations" and "The Care of the Dying," both by Clifford Hoyle, are applicable to general medicine as well as to thoracic disease.

For those who wish to keep abreast with the progress in chest disease the publication of this annual volume serves a most valuable purpose, for the reader is always confident that literature emanating from this famous Chest Hospital is authoritative, and he is therefore able to gain an excellent idea of "what is going on" in this line without prolonged search through many periodicals.

HALE-WHITE'S MATERIA MEDICA. Twenty-fifth Edition. Revised by A. H. Douthwaite, M.D., F.R.C.P. (J. & A. Churchill, 14s. nett.)

It is superfluous to introduce a work so widely known and used; these facts speak for themselves.

The twenty-fifth edition produced as it is in wartime is a remarkable achievement, both on the part of editor and publishers. The text has been revised and several of the more antique remedies tactfully relegated to their rightful place in the mists of antiquity. Additions of note include a list of the drugs added to the British Pharmacopœia since the last edition, and a complete version of the chapter on sulphonamides. This latter is particularly welcome to those who remember the confusing terminology of the older edition.

It is handy in size and cannot be too strongly recommended to student and practitioner alike.

THE MODERN TREATMENT YEAR BOOK, 1943. Edited by C. G. P. Wakeley, C.B., F.R.C.S. (Medical Press and Circular, 12s. 6d. nett.)

If practitioners offer any prayers on the subject of treatment, then this work might be considered the earthly portion of their answer.

Primarily it is intended as a short concise work which is designed to keep the busy service doctor and general practitioner abreast of modern forms of treatment, which he has no time to assimilate from more exhaustive works.

As such he presumably has the right to expect the contents to consist of suggestions which he might reasonably be expected to carry out, and the book largely succeeds in this respect.

There are a few exceptions to this, such as papilloma of the larynx (admittedly a rare condition), and the treatment outlined is quite outside the scope of those for whom the book is written as described. That these are of considerable academic interest is beside the point, and they are better left in textbooks of surgery.

The great majority of the articles, each composed by separate authors, are very good and remarkably comprehensive, much space is wisely devoted to war-time conditions, and the book is well worth its modest price.

TEXTBOOK OF MIDWIFERY, by Wilfred Shaw, M.A., M.D., F.R.C.S., F.R.C.O.G. (Churchill, 21s.)

There is but one fault we can find in this book, and that is that it is too short. After reading each chapter one feels that the author would have liked to have said much more. This condensation certainly leads to a clear-cut picture of the subject under discussion, and such was the author's intention, but these short, though searching, glimpses leave the reader with the desire to know more of the subject. If such was the author's intention it has been well accomplished, and the book should do much to stimulate the reader to delve more deeply into the problems of Midwifery.

The book is arranged on the classical lines, but a short Introduction is included at the beginning. The author says it represents his attitude towards Midwifery, and in it the reader will find many of the philosophical and sociological points of reproduction discussed. Throughout the text the author is constantly thinking of his readers, who will probably be going to do midwifery for the first time, and many practical and clinical points are repeated several times, and if the reader remembers these alone he will have learnt much from the book. The text is well and clearly written, and terms are not used until they have been explained to the reader. The author and the publishers are to be congratulated on the clear setting out of the matter, and each chapter is concisely and methodically sub-divided. The illustrations number 242, and although some are a little small, all clearly show what the author is describing. Among the illustrations are some excellent photographs of the living fertilised ova of the Golden Hamster obtained by Professor Hamilton and Dr. Samuel. The X-ray photographs, which number some half-dozen, were collected by Dr. Simon.

The book will certainly take its place among the foremost textbooks of Midwifery, and it is hoped that it will enjoy the same popularity as the author's sister book on Gynæcology.

* * * *

We must apologise for a misprint which occurred in the book reviews last month. The author of "The Dysenteric Disorders" is Sir Philip Manson-Bahr.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

AINSWORTH-DAVIES, J. C. "Calculi impacted in the lower fourth of the Ureter: their removal by the Ureteric Corkscrew." *Brit. J. Surg.*, July, 1943, pp. 34-8.

COHEN, E. LIPMAN. "Psoriasis and Eye Colour. *Brit. J. Dermatology and Syphalis*, May, 1943, p. 131.

DAY, GEORGE H. "Serial Sedimentation Indices a measure of progress in Pulmonary Tuberculosis. *Lancet*, July 24th, 1943, pp. 99-102.

ETHERINGTON-WILSON, W. "Specific gravity of the Cerebrospinal fluid with special reference to Spinal Anæsthesia. *Brit. Med. J.*, August 7th, 1943, pp. 165-7.

FLAVELL, GEOFFREY. "March Fracture: a series of 15 cases from the R.A.F." *Lancet*, July 17th, 1943, pp. 63-9.

JENKINS, G. N. "Paraxanthine as a Natural Antithyroid Substance." *Nature*, June 26th, 1943, pp. 728-32.

KEYNES, GEOFFREY. "The History of Blood Transfusion. *Brit. J. Surg.*, July, 1943, pp. 38-50.

LANGDON-BROWN, SIR WALTER. "Uræmia—Twenty Years After." *Clinical Journal*, July-August, 1943, p. 127.

MCCURRICH, H. J. "The Acute Abdomen in Obstetrics and Gynæcology." *Practitioner*, August, 1943, pp. 83-8.

—— (and Millington, E.). "Classification in Abdominal Scars." *Brit. J. Surgery*, July, 1943, pp. 86-7.

OSMOND, T. E. "The Modern Treatment of Gonorrhœa." *Brit. Med. J.*, July 17th, 1943, pp. 72-4.

At HILL END

When we first arrived at Hill End, starry-eyed and naïvely determined to commit ourselves steadfastly to our clinical studies, we approached a hardened clinician of twelve months' standing as to how many hours work it would be necessary for us to put in *per diem*. "Work?" answered this dispicable old roué, "nobody works at Hill End. It's a very pleasant year in the country." We shied away from the terrible fellow, like a child from a friendly drunk. But now that our stay here is drawing to a close, we are forced to admit to the wisdom of our elders. What with dances and concerts and plays and one thing and another, we have spent a very enjoyable year in these restful surroundings. We have found this part of the world refreshing and health-giving, as we are constantly reminded by numerous week-end visitors from London, who arrive taking great breaths of Hertfordshire air and loudly feeling better already.

These pages have already discussed the problems of Fresh Air for patients. Why not for staff and students? The post-war hospital, situated in rolling parkland in the Home Counties, would suit us excellently. Or why stop at that? Most of Bart's. could be reconstructed down at Brighton, perhaps, then we could have swimming, sailing, sun-bathing and the Aquarium thrown in.

The above fantasy is the result of doing Pathology in August. One morning when some particularly fine weather was going on outside the black-out, a groan came from the back as the twenty-eighth slide rattled on to the screen. "What!" enquired the lecturer, "Am I going on too long?" An assenting silence greeted his words. "Shall we stop now and reassemble at twelve?" he suggested. But no, the class had its pride and showed it with a disapproving grunt. "Would you like to go out for ten minutes into the fresh air, then?" he asked. This kindly thought was taken as a personal affront by the class, who gripped their fountain-pens the firmer and cried, in effect, "No Surrender!" "Very well," said the lecturer, "I'll go on." And he did. For another half hour.

The jaundiced and half-open eye with which we inspect the world in the earlier half of the morning realized dimly that something was amiss. Ah! A little thought and we had it. The ladies who perform the nursing duties at the Hospital were looking a little odd. You could actually see their caps while they were walking *towards* you. In one or two cases they appeared to have taken the veil, and were covered right down to the eyebrows.

In the interests of our readers we enquired of a nurse the reason for this sudden hirsuite modesty. She told a long and tearful story of safety-pins and kirbigrips, of caps that were now allowed to be folded but once only, and how, as far as the outside world was concerned, she might as well be as bald as a biscuit. Seeing this was no matter of ours we turned away, pondering heavily on the stern profession we had taken up, that can look calmly on a woman's crowning glory solely as a monster playground for streptococci.

After "Wings for Victory," what? "Holiday at Home," of course. At least, that was the excuse printed on the tickets at last month's

dance. Around ten-thirty we wandered along to see how some of our friends were enjoying their holiday. They appeared to be enjoying it very well: it seemed to be doing them a lot of good, most of them were looking better than we had seen them for months, brighter, more cheerful, with a smile and a song never far from their lips. Great stuff, this holiday spirit.

The Dramatic Society is putting the accent on the "Dramatic" this term after the frivolity of last, and is presenting J. B. Priestley's "Dangerous Corner" on September 9th, 10th and 11th. This play has always had an almost hypnotic fascination for us, and we recommend you to go along, should you find yourself near Hill End that week-end. From what we've seen of rehearsals, it looks like being well up to the surprisingly high standard of recent Hill End productions.

G. S. O.

At CAMBRIDGE

Your correspondent, still being away on holiday, can only send news which would be both irrelevant and (we fear) utterly unpublishable.—ED.

SPORTS NEWS

CRICKET

St. Bartholomew's Hospital v. St. Thomas' Hospital. Played at Chislehurst on Saturday, August 7th.

This was our first home match this year and the side were hoping to celebrate it with some good cricket against another hospital which had also had a successful season. We were without Harold, Stephen and Bates, but our opponents were also not at full strength.

Bart.'s batted first on a wicket that looked "sticky" and promised plenty of wickets. Ellis and Brazier opened: the former was playing steadily and carefully without taking risks and was joined by Paget after three runs had been scored. These two stayed together till the score was 25, when Ellis was out leg before wicket to Phillips, a steady bowler who was keeping a good length and giving little away. The runs were coming very slowly and the home side had some trouble in knowing how to deal with bowling outside the off stump and just short of a length. The wickets fell quickly and Paget was the only batsman who put up any real resistance. He made 39 very valuable runs and only gave one chance, but even he never looked really set. Robinson was the only other man to reach double figures and the whole side was out for 82. Seven batsmen were caught and one stumped and it would appear that the keenness to score quickly outweighed prudence; nevertheless the bowling was good and steady throughout.

Juckes opened the bowling and Lucas came on at the other end. Again runs came slowly but unlike our disastrous innings the wickets fell slowly too. Holmes came on for Lucas when two wickets had fallen for 26 runs after 16 overs had been bowled. Eventually they passed our score with four wickets still in hand. Ellis took the final over and the last wicket before the players retired to the pavilion.

St. Bartholomew's Hospital—82. (Paget 39; Bellamy 6 for 20).

St. Thomas' Hospital—87 for 7. (Oldham 24; Juckes 3 for 40, Holmes 2 for 10.)

v. Guy's Hospital. At Honor Oak Park. July 24th. Lost by 58 runs.

With a strong side out we had only ourselves to blame for losing this match so easily. The wicket was good when Guy's went in to bat, but such was the energy of bowlers Juckes, Holmes and Lucas, backed up by keen fielding, that the home side were soon struggling for runs. Half the side was out with only fifty on the board, but a determined innings by Saunders, helped by Thompson, did much to improve the position. Brazier distinguished himself by holding three catches (one after a prolonged juggling act), Ellis held one "stinger" at mid-off and Kelly performed creditably behind the stumps.

Juckes was the most dangerous of the Bart.'s bowlers, though Lucas bowled consistently. Guy's were all out before tea for 124 and after the interval Ellis and Walker opened for Bart.'s The former was soon out and while Paget and Walker were together things looked well enough. With the appearance of Saunders, a left hander of considerable merit, in the Guy's attack, an abrupt change came over the miserable glow at one end, Juckes kindled died down to a few embers which remained unkindled as the dreary procession of batsmen came and went. Towards the close, while Livingstone fiddled over the miserable glow at one end, Juches kindled a few sparks at the other with a sharp and savage onslaught which yielded nineteen runs in about half that number of balls and included a powerful six. This was all, however, and with sixty-six on the board the fire finally petered out and Bart.'s had lost by fifty-eight runs—surely our most sorry performance for a very long time.

SCORES:

Guy's Hospital—124 (Saunders 39, Thompson 27; Juckes 4 for 30, Lucas 4 for 30).

Bart.'s Hospital—66 (Juckes 19, Paget 17; Saunders 5 for 18, Murphy 4 for 32).

v. Stanmore. Monday, August 2nd. Won by 30 runs.

Bank holiday saw Bart.'s at Stanmore once again and the usual pleasant game and generous hospitality which we have come to associate with that club was not lacking. The start was somewhat delayed since six of the side waited patiently at the station for a legendary fast car before proceeding by forced marches to establish contact with the remaining units of the side on the ground.

Bart.'s won the toss and a considerable Bank Holiday crowd dispersed themselves round the ground (or in the woods, according to the afternoon's needs) as stanmore took the field. Ellis and Brazier opened confidently against an accurate attack and put on sixty-eight runs before Brazier was caught for a bright forty-one. Ellis fell two runs later for a more stolid but none the less valuable twenty-seven. (The disparaging comment on this innings by a more juvenile member of the audience is not for publication).

Paget and Bates toyed light-heartedly with the bowling but the former was bowled just when he looked set. It is good to see Michael Bates still with us batting as forcefully as ever, and he was the only remaining batsman who could respond satisfactorily to skipper Hunt's demand for an increased scale of run production, whilst keeping his wicket intact. The score mounted steadily, wickets fell fairly regularly, and Bates deceived a number of fieldsmen with a well placed vertical shot before being bowled for a quick and useful thirty-three runs. Soon after, the innings was declared at 165 with eight wickets down, and tea was taken.

The game was resumed with about two and a quarter hours left for play and it was soon evident that Stanmore meant to go for the runs.

Lucas bowled Ham at nine, and eighteen runs later Juckes, the other opening bowler, made a sorry mess of F/Lt. Cockshott's stumps. The Bart.'s fielding during this time had been keen but the throwing-in was distinctly erratic and several over-throws helped the home side along. The third wicket fell at thirty-eight and Dike, the victim, can readily be excused for feeling a trifle mortified at being run out by the first accurate return to the wicket registered by a Bart.'s fieldsman that afternoon. Beckman (one of the opening pair) was beginning to settle down, and his partner, Gough, though guilty of a few highly speculative shots to leg off his stumps, put on fifty runs before a change in bowling brought an abrupt change in the fortunes of the game. Paget, bowling slow right-hand spinners, had Beckman caught at the wicket, and Gough in front of the pavilion by Juckes in his first over. Two left-handers now appeared together, and for a time looked dangerous until both left quite suddenly in attempting to force Lucas—the one bowled, the other caught neatly in the outfield by McIlroy. The score now stood at 115 with seven wickets down and good catches by Bates and McIlroy left the last pair together with some fifty odd runs needed. Paget relieved Lucas, who had bowled consistently and well throughout the entire innings, and in his first and last over from this end tempted Yeo some yards out of his crease, while wicket-keeper Kelly obligingly removed his bails to finish the innings and the match. This was not all, however.

With a useful stiffening of the home side further entertainment of a more spontaneous order was provided, and at least one hostelry ran dry before closing time under this determined combined assault. What the good citizens of Stanmore who were unwise enough to seek an early bed, thought of our vocal efforts is not on record, but they were much appreciated by the players and, we believe, by a large though somewhat puzzled audience outside the "Fountain." Then there was that business with the empty tin—but that's another story!

Our thanks to our hosts for the usual pleasant Bank Holiday fixture.

SCORES.

Stanmore.

R. Beckman, c Kelly, b Paget	41	R. A. Hughes, c McIlroy, b Lucas	2
E. W. Ham, b Lucas	4	K. H. Chapman, c Bates, b Lucas ...	7
F/Lt. Cockshott, b Juckes	10	K. E. Watson, not out	7
G. H. Dike, run out	10	T. D. Yeo, st Kelly, b Paget	1
J. E. Gough, c Juckes, b Paget ...	23	Extras	2
R. Dearsly, c McIlroy b Lucas	6		
A. W. Rundle, b Lucas	20	Total ...	...133

BOWLING.

	O.	M.	R	W.
W. R. Juckes ...	12	2	55	1
P. F. Lucas ...	13	1	54	5
C. Paget ...	3	0	22	3

Bart.'s.

R. H. Ellis, b Rundle	27	J. N. H. Jones, lbw, b Chapman ...	4
D. Brazier, c Ham b Hughes ...	41	W. R. Juckes, not out	2
C. Paget, b Rundle	15	A. V. Livingstone, b Chapman ...	9
M. Bates, b Dearsly	33	Extras	11
M. R. Hunt, b Chapman	15		
W. T. Kelly, lbw, b Dearsly	6	Total (for 8 dc)	163

M. B. McIlroy, P. F. Lucas did not bat.

BOWLING.

	O.	M.	R	W.
Rundle	12	2	27	2
Chapman	9	1	30	3
Dearsly	9	0	43	2
Gough	3	0	20	0
Hughes	6	1	31	1

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Moon, A. J.
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Mistlin, L. L.
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Dowling, M. A. C.
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Ingham, W. N.
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Sills, O. A.
Oliver, J. E.
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Baldry, P. E.
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Miller, K. H.
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Green, C. J. S.
Cooper, J. R. C.
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Perfect, A. J. S.
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Dowling, M. A. C.
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Jones, P. F.
Laidlaw, C. D'A.
Davies, W.
Rémy, M. F.
Laidlaw, C. D'A.
Morris, J. D.
Hemming, M.
Townsend, W. H.
Stephen, C. S. M.
Randall, K. J.
Moon, A. J.
Watkins, P. F. A.
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